

TELEHEALTH IN THE NORTHEAST

FIELD REPORT: SAMPLE STAKEHOLDER CHALLENGES, SOLUTIONS, & LESSONS LEARNED

NORTHEAST TELEHEALTH RESOURCE CENTER (GRANT GA5RH37459)

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QUESTIONS? PLEASE CONTACT DANIELLE LOUDER, PROGRAM DIRECTOR (DLOUDER@MCD.ORG)

VERMONT ASSOCIATIONS TEAM UP WITH NETRC TO SUPPORT PRIMARY CARE DURING COVID-19 & BEYOND

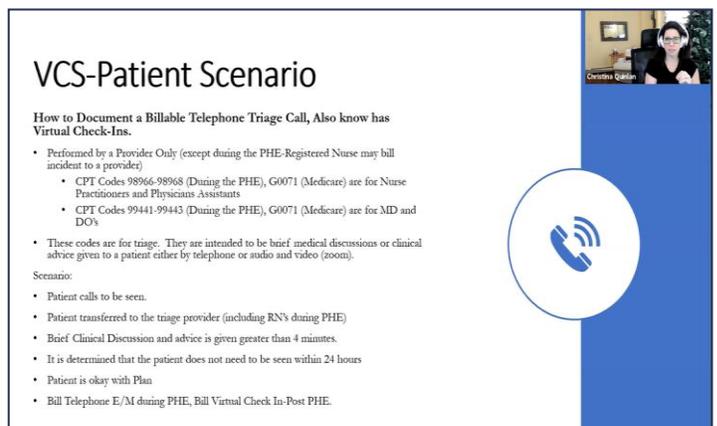
The State of Vermont has been cited as having the lowest COVID rate in the nation. The Northeast Telehealth Resource Center (NETRC) team is proud to help support health care providers in Vermont through multiple collaborations with the Bi-State Primary Care Association and the Vermont Program for Quality in Health Care.

The Bi-State Primary Care Association (BSPCA) is a nonprofit organization that supports Federally Qualified Health Centers (FQHCs) and FQHC Look-Alike organizations that provide primary care, dental, and behavioral/mental health services for 315,400 patients in Vermont and New Hampshire. Primary Care Associations like Bi-State support Community Health Centers in adapting to an evolving health care landscape and have been a critical resource to distribute information and resources.

In response to COVID-19, the BSPCA approached NETRC for support in developing a series of resources for their members. This included real-time technical assistance as members adapted to new telehealth workflows to maintain social distancing and reduce patient flow, as well as support in developing an online resource library. We also developed an initiative to identify long-term strategies to leverage telehealth to maintain and improve each Center's financial solvency, both during COVID and beyond. To meet broad needs, the NETRC team, in collaboration with BSPCA leadership and a Revenue Cycle Consultant, developed a "Roadmap to Reimbursement" initiative and Learning Community on Telehealth Opportunity and Optimization. We hosted one-on-one sessions with BSPCA members (and their finance/billing teams) to discuss business development strategies and reimbursement opportunities enabled through telehealth. Topics ranged from general goal setting for telehealth-integrated primary care to best practices to implement virtual communication services, chronic care management, and remote patient monitoring. After each session, members were provided customized notes with an outline of opportunities and key considerations, including specific billing guidance and references, to help each center integrate the strategies into their overall business plan. To continue to support members in moving forward, the NETRC team created an online toolkit to compile guidance documents, program tips, and more. BSPCA and NETRC are now hosting a series of Learning Collaborative sessions on key topics to promote shared learning among members.

In addition to BSPCA, NETRC has supported the Vermont Program for Quality in Health Care (VPQHC), a nonprofit organization designated by the Vermont Legislature as an independent, non-regulatory, peer review committee with a mission to improve health care quality in Vermont through system redesign. The NETRC team partnered with VPQHC to launch a series of monthly office hours to help Vermont-based clinicians implement telehealth programs. Topics have covered local funding opportunities, patient engagement strategies, billing and reimbursement, regulatory considerations, and more.

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VCS-Patient Scenario

How to Document a Billable Telephone Triage Call, Also know as Virtual Check-Ins.

- Performed by a Provider Only (except during the PHE-Registered Nurse may bill incident to a provider)
 - CPT Codes 98966-98968 (During the PHE), G0071 (Medicare) are for Nurse Practitioners and Physicians Assistants
 - CPT Codes 99441-99443 (During the PHE), G0071 (Medicare) are for MD and DO's
- These codes are for triage. They are intended to be brief medical discussions or clinical advice given to a patient either by telephone or audio and video (zoom).

Scenarios:

- Patient calls to be seen.
- Patient transferred to the triage provider (including RN's during PHE)
- Brief Clinical Discussion and advice is given greater than 4 minutes.
- It is determined that the patient does not need to be seen within 24 hours
- Patient is okay with Plan
- Bill Telephone E/M during PHE, Bill Virtual Check In-Post PHE.